

# VOLUNTEER APPLICATION

*Thank you for your interest in volunteering. We look forward to working with you!*

*Please print clearly*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Drivers License number \_\_\_\_\_

I have a full time job I have a part time job I work from home

If employed, please list employer and occupation:

I am currently or have previously been a member of the United States Military.

I am covered by health insurance with

\_\_\_\_\_ I do not have health insurance coverage\*

\*If you do not have coverage, do you understand that expenses from possible injury will be paid by you personally and not by Tails of Valor, Paws of Honor Inc.? Yes

*It is recommended when volunteering that you are currently vaccinated for DT (Diphtheria & Tetanus).*

Do you have any physical or mental disabilities that would limit your ability to perform  
No Yes If yes, please list:

Have you ever been investigated for animal cruelty for any reason? No Yes  
If yes, describe the circumstances:



Have you worked/volunteered with a humane society, rescue/shelter or an animal care facility? **No Yes**

**If yes, please list organization(s) and whether your involvement is current:**

\_\_\_\_\_

I am available for volunteering \_\_\_\_ hours each week during the following days and times:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your areas of interest below and list any skills you have that may be applicable to that category. Please mark all areas in which you are interested.

Orientation – volunteers/puppy raisers

Photography/Videography

Training – working with dogs

Kennel support- clean kennels and feed animals

Events and Fundraising

Building/property maintenance – mow grass, pull weeds, paint fences

Office – phone calls, emails, screen applicants

Other:

Marketing – Newsletter, publications

Computer Technology web page

**I am interested in Raising/Fostering a service dog in training    No Yes**

**Please list three references** (mandatory for consideration – only one reference may be a relative)

1. \_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Contact info

2. \_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Contact info

3. \_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Contact info

**Initial each item below in the left hand column**

	If I am accepted into the volunteer program, I agree to adhere to the procedures and policies of Tails of Valor, Paws of Honor Inc. (TOVPOH)
	I also understand that the behavior of domestic animals is at times unpredictable, and that some domestic animals are capable of inflicting property damage, serious personal injury and even death. I am well aware of the risks of handling domestic animals, and with such understanding, I hereby waive, release and forever discharge Tails of Valor, Paws of Honor Inc. (TOVPOH), its employees, agents or trainers, from any and all claims (whether present or future) arising out of my participation in the volunteer program. (Guardian Signature required for all Volunteers under 18 Years Old.)
	I certify that as of today's date that I am over 18 years of age.
	If under 16, I certify that my guardian will be with me at all times while I am volunteering for the program.

Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

	I (guardian) have completed a volunteer application.
	Vaccination of non-shelter pets – To protect service dog puppies from contracting any potential diseases, and to prevent service dog puppies from developing diseases from personal pets, I certify that all my personal pets are current on their rabies, distemper, bordetella and parvo vaccinations.
	Photo Release – I agree to allow pictures of myself to be used, without compensation for the purpose of publicity related to Tails of Valor, Paws of Honor Inc.
	Release of Liability – I fully understand that as a part of my volunteer work at Tails of Valor, Paws of Honor Inc., I will come in contact with animals either by direct handling or assisting in their care. I further understand that working with animals carries a risk of injury, and it is possible that I may be bitten, scratched, and/or otherwise injured. I also understand that I may be exposed to domestic animal illness and disease and that it is also possible that I could indirectly expose my own pets to such illness and disease. My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability Tails of Valor, Paws of Honor Inc., and their agents and assignments from all acts which are related to my performance of any and all volunteer duties.
	Advisory – You are strongly urged to have a current tetanus vaccination to protect yourself should you be cut, scratched or otherwise injured in such a way that tetanus infection could threaten your health.



Medical Release:

In case of emergency, I authorize Tails of Valor, Paws of Honor Inc. to arrange emergency medical treatment after attempting to notify the contacts listed below.

1. \_\_\_\_\_ Name Phone  
Relationship to you

2. \_\_\_\_\_ Name Phone  
Relationship to you

I agree to the best of my knowledge all the information I have provided is true and correct. I understand that if I have attempted to deliberately falsify any information that I will immediately be dismissed from Tails of Valor, Paws of Honor Inc. and can held liable for any damages.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_ Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

